

EMT AED Service Provider Program Application

To apply for approval as an EMT AED service provider, the following documents/information needs to be submitted to the LA County EMS Agency:

- ☐ Curriculum Vitae (resume) of Program Coordinator
- ☐ Training materials including:
 - Curriculum to be used (if other than AHA or ARC)
 - Documentation to be used for orientation and training for specific AED device(s)
 - Skill/training/testing sheet if other than AHA or ARC
- ☐ Documentation of current EMT Certifications for all EMTs including issuing agency and expiration date
- ☐ Departmental policy and procedures pertaining to AED Program shall include:
 - Internal response and operational plan for non 9-1-1 providers
 - AED event procedures for non 9-1-1 providers
 - CPR/AED initial training and retraining requirements
 - Frequency of checking authorized users competency skills
 - Maintenance of equipment/devices
 - Data collection for quality assurance and annual report
- ☐ AED skill competency check list
- ☐ AED response form (if other than an approved PCR or LA County EMS Agency form)
- ☐ AED maintenance check list
- ☐ Letter of intent to include items listed in LA County Reference No. 412.

Return completed application and required documentation to:

**Los Angeles County EMS Agency
Attn: AED Program Coordinator
10100 Pioneer Blvd, Suite 200
Santa Fe Springs, CA 90670
Phone: (562) 347-1633**



Name of Provider					
Address			City	Zip Code	
Program Coordinator				Title	
Phone ()		Email			
AED Manufacturer <input type="checkbox"/> Cardiac Science <input type="checkbox"/> Defibtech or Cintas <input type="checkbox"/> Heartsine <input type="checkbox"/> Medtronic <input type="checkbox"/> Philips <input type="checkbox"/> Welch Allyn <input type="checkbox"/> Zoll <input type="checkbox"/> Other _____		Model <div style="display: flex; justify-content: space-between;"> Powerheart <input type="checkbox"/> G3 pro <input type="checkbox"/> G3 Plus <input type="checkbox"/> G3 Automatic </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Lifeline <input type="checkbox"/> Reviver (DDU-100) </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Samaritan <input type="checkbox"/> Samaritan PAD </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Lifepak 1000 <input type="checkbox"/> Lifepak CR Plus </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> FRx <input type="checkbox"/> FR2+ <input type="checkbox"/> On-Site </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> AED 10 <input type="checkbox"/> AED 20 </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> AED plus <input type="checkbox"/> AED pro <input type="checkbox"/> M Series <input type="checkbox"/> E Series </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> _____ </div>			
Total Number of AEDs		Location of AEDs (patrol vehicles, ambulances, etc)			
Provider response area if not an existing 9-1-1 provider				Pediatric equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Frequency of checking AED <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			AED Response form <input type="checkbox"/> Approved PCR <input type="checkbox"/> County EMS <input type="checkbox"/> Self Designed		
Curriculum <input type="checkbox"/> American Heart Association <input type="checkbox"/> American Red Cross <input type="checkbox"/> Other _____ (must submit training material for approval)					
Frequency of checking individual AED skill proficiency <input type="checkbox"/> Every 2 years <input type="checkbox"/> Annually <input type="checkbox"/> Every 6 months <input type="checkbox"/> Other _____					

Title: _____